

APPLICATION FOR APPROVAL OF PLANS TO CONSTRUCT, INSTALL, OR MODIFY AN INCINERATOR

Section A	1. FULL BUSINESS NAME_____ PHONE_____ 2. ADDRESS OF EQUIPMENT LOCATION_____ _____ SIC CODE_____# EMPLOYEES____ 3. LOCATION ON PREMISES (BLDG., DEPT., AREA, ETC.)_____ 4. NATURE OF BUSINESS_____
Section B	1. APPROVAL REQUESTED FOR: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> MODIFICATION 2. ESTIMATED STARTING DATE:_____ 3. ESTIMATED COMPLETION DATE:_____
Section C	1. INCINERATOR MANUFACTURER:_____ MODEL NO.:_____ 2. RATED CAPACITY (LB/HR):_____ DAILY AMOUNT:_____ 3. HOURS OF OPERATION: _____HRS/DAY _____DAYS/WEEK _____WEEKS/YEAR 4. FEED MECHANISM: <input type="checkbox"/> RAM <input type="checkbox"/> BATCH <input type="checkbox"/> OTHER _____
Section D	WASTE ANALYSIS 1. PROVIDE AN ATTACHMENT WITH THE APPLICATION GIVING COMPLETE DESCRIPTION OF THE WASTE TO BE INCINERATED: 2. MOISTURE % _____ 3. ASH % _____ 4. HEATING VALUE (BTU/LB)_____

Section E	<p>PRIMARY CHAMBER</p> <p>1. CHAMBER VOLUME (FT³)_____ 2. OPERATING TEMPERATURE (°F)_____</p> <p>3. (A) VOLUME OF AIR SUPPLIED TO PRIMARY CHAMBER (CFM)_____</p> <p>(B) IS PRIMARY AIR SUPPLY? <input type="checkbox"/> STARVED AIR % OF STOICHMETRIC_____</p> <p><input type="checkbox"/> EXCESS AIR % EXCESS_____</p> <p>(C) PERCENT OF AIR SUPPLY THAT IS UNDERFIRE_____</p> <p>OVERFIRE_____</p> <p>(D) IS PRIMARY AIR SUPPLY? <input type="checkbox"/> FIXED <input type="checkbox"/> VARIABLE</p> <p>IF PRIMARY AIR SUPPLY IS VARIABLE, PROVIDE A NARRATIVE WITH THE APPLICATION DESCRIBING HOW THE AIR SUPPLIED IS CONTROLLED.</p> <p>SECONDARY CHAMBER</p> <p>1. CHAMBER VOLUME (FT³)_____ 2. OPERATING TEMPERATURE (°F)_____</p> <p>3. (A) VOLUME OF AIR SUPPLIED TO SECONDARY CHAMBER (CFM)_____</p> <p>(B) % EXCESS AIR _____</p> <p>(C) IS SECONDARY AIR SUPPLY? <input type="checkbox"/> FIXED <input type="checkbox"/> VARIABLE</p> <p>IF SECONDARY AIR SUPPLY IS VARIABLE, PROVIDE A NARRATIVE WITH THE APPLICATION DESCRIBING HOW THE AIR SUPPLY IS CONTROLLED.</p> <p>4. RETENTION TIME IN SECONDARY CHAMBER (SEC)_____</p>
Section F	<p>1. PRIMARY BURNERS(S)_____ TYPE AND MODEL NO.:_____</p> <p>IGNITION: <input type="checkbox"/> SPARK <input type="checkbox"/> PILOT <input type="checkbox"/> MANUAL</p> <p>FLAME FAILURE CONTROL: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>RATING (BTU/HR)_____</p> <p>2. SECONDARY BURNER(S)_____ TYPE AND MODEL NO.:_____</p> <p>IGNITION: <input type="checkbox"/> SPARK <input type="checkbox"/> PILOT <input type="checkbox"/> MANUAL</p> <p>FLAME FAILURE CONTROL: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>RATING (BTU/HR)_____</p>
Section G	<p>CONTINUOUS EMISSION MONITORS</p> <p>MANUFACTURER/MODEL NO. _____</p> <p><input type="checkbox"/> OPACITY _____</p> <p><input type="checkbox"/> OXYGEN _____</p> <p><input type="checkbox"/> CO₂ _____</p> <p><input type="checkbox"/> NO_x _____</p> <p><input type="checkbox"/> SO₂ _____</p> <p><input type="checkbox"/> CO _____</p>

Section H	<p>EMISSIONS INFORMATION:</p> <table border="1" style="margin: 10px auto; width: 80%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; padding: 5px;">POLLUTANT</th> <th style="width: 33%; padding: 5px;">RATE OF EMISSIONS (LB/HR)</th> <th style="width: 33%; padding: 5px;">METHOD USED TO DETERMINE EMISSIONS</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table>	POLLUTANT	RATE OF EMISSIONS (LB/HR)	METHOD USED TO DETERMINE EMISSIONS															
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Section I	<p>STACK INFORMATION:</p> <ol style="list-style-type: none"> 1. STACK EXIT DIMENSIONS I.D. _____ INCHES OR _____ INCHES X _____ INCHES 2. STACK HEIGHT ABOVE GROUND _____ FEET 3. VOLUME OF GAS DISCHARGED INTO OPEN AIR _____ ACFM @ _____ °F 4. IS STACK EQUIPPED WITH A RAIN HAT? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE _____ FEET 																		
Section J	<ol style="list-style-type: none"> 1. PROVIDE DRAWINGS, DIMENSIONED AND TO SCALE, IN PLAN, ELEVATION AND AS MANY SECTION AS ARE NEEDED TO SHOW THE DESIGN, OPERATION, LOCATION AND CLEARANCE OF INCINERATOR. INCLUDE A PLOT PLAN SPECIFYING LOCATION OF INCINERATOR TO NEAREST RECEPTORS. 2. PROVIDE MANUFACTURER INFORMATION AND DRAWINGS OF INCINERATOR WITH DIMENSIONS OF PRIMARY AND SECONDARY CHAMBERS CLEARLY MARKED. 3. PROVIDE INFORMATION ON TEMPERATURE CONTROL TECHNIQUES AND LOCATION OF CONTROLS. PROVIDE INFORMATION ON ALL CONTINUOUS EMISSION AND OPERATION PARAMETER MONITORS TO BE USED. 4. PROVIDE A SEQUENCE OF OPERATIONS FOR THE INCINERATOR. 5. PROVIDE A COPY OF THE OPERATING AND MAINTENANCE INSTRUCTIONS FOR THE INCINERATOR. 6. PROVIDE A COPY OF THE MOST RECENT STACK TEST FOR THE MODEL OF INCINERATOR TO BE INSTALLED. 																		

This application is submitted in accordance with the provisions of Chapter 23-23 of the General Laws, as amended, Regulation 9, and to the best of my knowledge and belief is true and correct.

Signature

Title

Printed Name

Date

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

AIR POLLUTION CONTROL PERMIT FEES

The Department's rules and regulations require the payment of fees for air pollution permits. All application fees must be submitted to:

RI Department of Environmental Management
Office of Management Services
235 Promenade Street
Providence, RI 02908

THE APPLICATION FORM AND ANY ACCOMPANYING DOCUMENTS SHOULD BE SUBMITTED TO THE OFFICE OF AIR RESOURCES AT THE ADDRESS SHOWN ON THE APPLICATION FORM.

Please complete this form, attach it to the check or money order and submit it to the Office of Management Services. Payment should be made payable to General Treasurer, State of Rhode Island.

The information requested below must be provided to coordinate the filing of your fee with your application(s). This fee is a filing fee and therefore it must be paid before we can begin review of your application(s).

APPLICANT'S NAME: _____

GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE:

FEE SUBMITTED:

Major Source or Major Modification @ \$25,410 each	_____
Complex Minor source or Modification @ \$4,620.00 each	_____
Minor source or Modification @ \$ 1,271.00 each	_____

TOTAL _____

FOR OFFICE USE ONLY:

Fee Amount Received: \$ _____

Date Received: _____

Received By: _____

For Deposit into Account 1752-80600